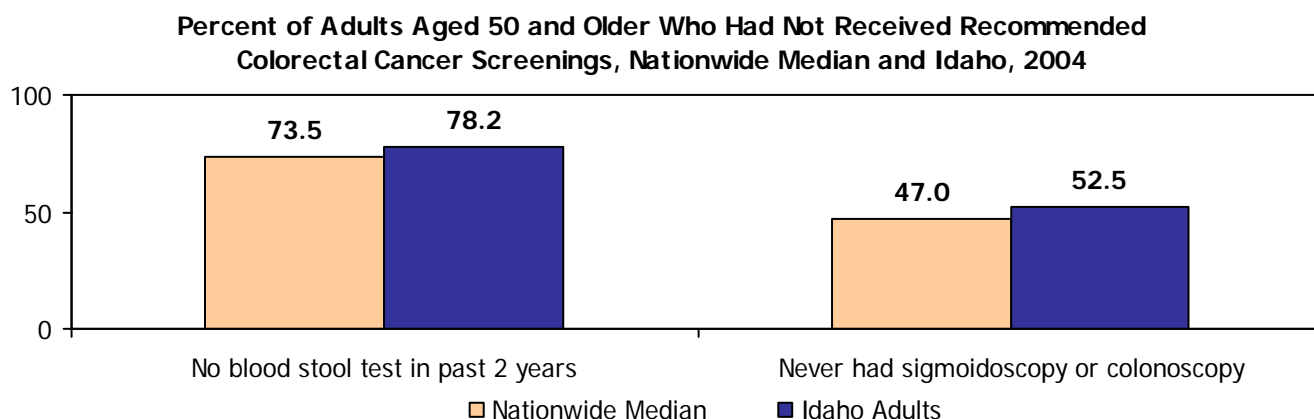


COLORECTAL CANCER SCREENING IN IDAHO

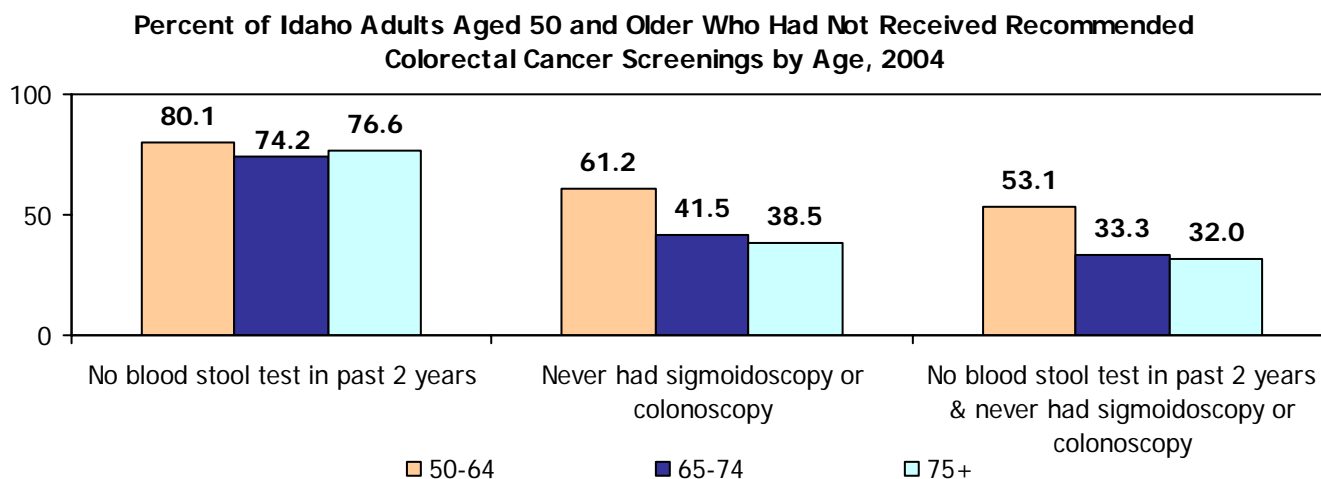
According to the Centers for Disease Control and Prevention, colorectal cancer is the second leading cause of cancer deaths in the U.S. Similarly among Idaho residents, colorectal cancer was the second leading cause of cancer deaths in 2005. Those aged 50 and older are at the greatest risk for developing colorectal cancer. However, regular colorectal cancer screenings among the population aged 50 and older could drastically reduce the number of deaths due to this cancer—at least one-third of deaths could be prevented. Screenings can find potentially cancerous polyps or growths in the colon and rectum, allowing for removal before turning into cancer. A number of tests are available to screen for colorectal cancer including a fecal occult blood test (FOBT) or blood stool test, a colonoscopy, and a sigmoidoscopy.¹

In 2004, the nationwide median of adults aged 50 and older who had not received a blood stool test within the past two years was 73.5 percent. The nationwide median of adults aged 50 and older who had never had a sigmoidoscopy or colonoscopy was 47.0 percent.



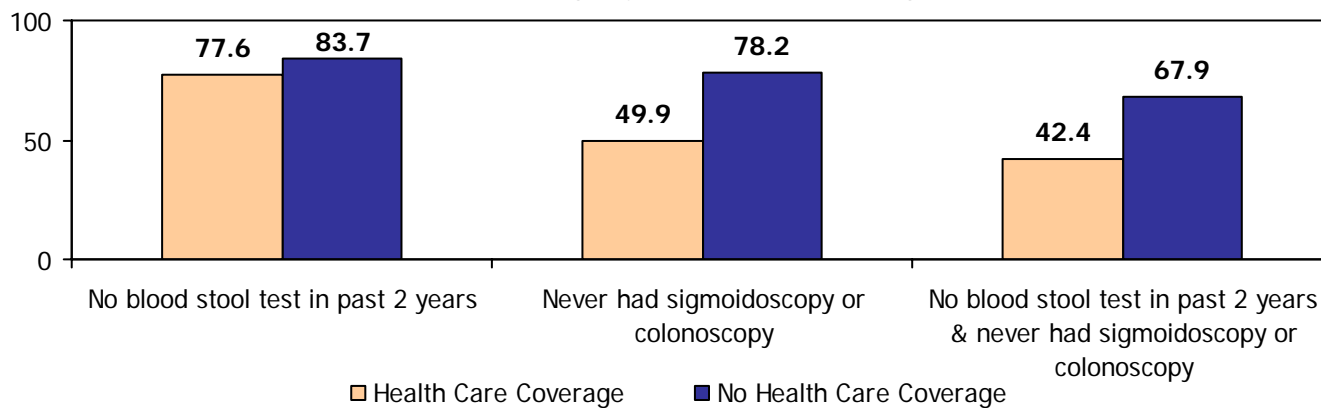
Note: Nationwide Median refers to the median percentage of all U.S. states, District of Colombia, Guam, Puerto Rico, and the U.S. Virgin Islands.

Compared with the nationwide median, Idaho had a slightly higher prevalence of adults not receiving colorectal cancer screening. In 2004, 78.2 percent of Idaho adults 50 and older had not had a blood stool test within the past two years, 52.5 percent of those 50 and older had never had a sigmoidoscopy or colonoscopy, and 44.8 percent of those 50 and older had not had either test within in the appropriate time interval. Within age categories, those aged 50 to 64 were significantly more likely to have never had a sigmoidoscopy or colonoscopy. Additionally, those aged 50 to 64 were significantly more likely to have not had either test within the appropriate time interval.



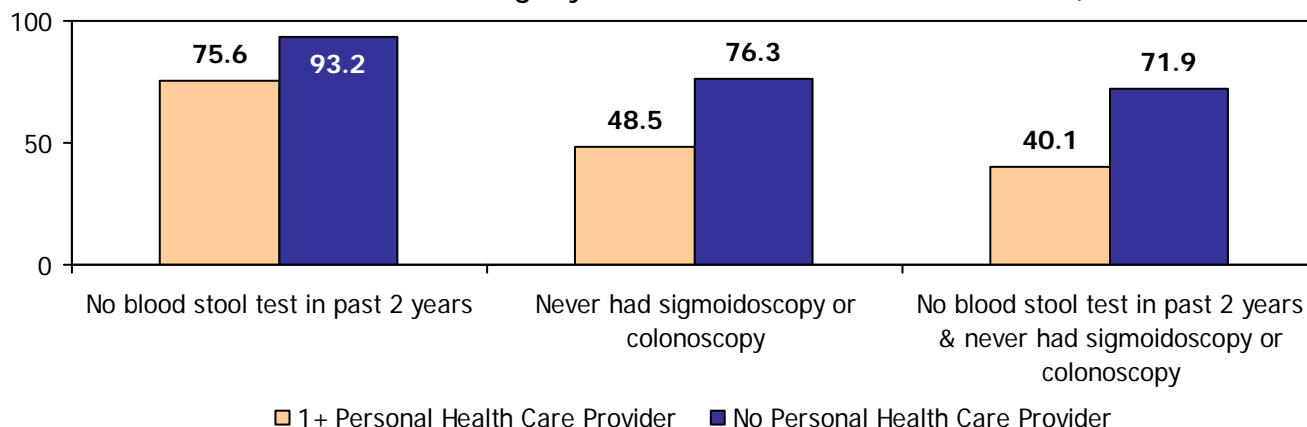
Health care coverage status was a significant factor in receiving colorectal cancer screening. Idaho adults aged 50 and older without health care coverage reported not having a sigmoidoscopy or colonoscopy 1.6 times more often than those with health care coverage. Those without coverage reported not having either a blood stool test or a sigmoidoscopy or colonoscopy 1.6 times more often than those with coverage. There was no significant difference in blood stool testing rates between those with and without health care.

Percent of Idaho Adults Aged 50 and Older Who Had Not Received Recommended Colorectal Cancer Screenings by Health Care Coverage Status, 2004



Having one or more personal doctors or health care providers was also a significant factor in receiving colorectal cancer screening. In each screening category (no blood stool test in past 2 years, never had sigmoidoscopy or colonoscopy, and no blood stool test in past 2 years and never had sigmoidoscopy or colonoscopy), those aged 50 and older without a personal doctor or health care provider were significantly more likely to not have received recommended screenings.

Percent of Idaho Adults Aged 50 and Older Who Had Not Received Recommended Colorectal Cancer Screenings by Personal Health Care Provider Status, 2004



References:

1. Centers for Disease Control and Prevention (CDC). *Colorectal (Colon) Cancer*. http://www.cdc.gov/cancer/colorectal/basic_info (accessed March 2, 2007).
2. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System (BRFSS)*, (Nationwide Median data). <http://www.cdc.gov/> (accessed March 2, 2007).